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Appendix 24

Wisconsin Medicaid Information Needed For Prior Authorization Requests

When completing prior authorization (PA) requests, please:

- Thoroughly answer all appropriate questions.
- Provide all the key information about the recipient's case.
- Give enough information for Wisconsin Medicaid dental consultants to make a reasonable judgment about the request. This is the only information they have on which to base their decision.

Careful completion of all necessary PA questions will:

- Decrease the number of resubmissions.
- Prevent denials due to inadequate information.

ADA PROCEDURE CODE	SERVICE	INFORMATION NEEDED
Preventive Services		
01351	Sealants	PA required for most teeth but not required for first and second permanent molars.
01515	Space maintainer	Two bitewing x-rays (PA required ages 13-20).
Restorative Services		
02932, 02933	Composite/prefabricated resin crown, prefabricated stainless steel crown with resin window	One periapical x-ray (PA required for adults over age 20 only).
W7126	Upgraded crown	One periapical x-ray.
Endodontic Services		
03310, 03320, 03330	Anterior, bicuspid, and molar root canal therapy	<ul style="list-style-type: none"> - One periapical x-ray. - Two bitewing x-rays. - Intraoral charting (PA/DRF Element 17). (PA always required for adults over age 20 on all teeth and for children on molar teeth.)
03410	Apicoectomy (anterior only)	- One periapical x-ray.
03430	Retrograde filling	- One periapical x-ray.
Periodontic Service		
04341	Periodontal scaling and root planing	- Periodontal charting.
04355	Full mouth debridement	<ul style="list-style-type: none"> - Periodontal charting. - Minimum of 4 bitewing x-rays or a full mouth x-ray.
04910	Periodontal maintenance	- Periodontal charting.

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ADA PROCEDURE CODE	SERVICE	INFORMATION NEEDED
Prosthodontic Services		
05110-05120	Denture	- If replacing lost/stolen prosthesis, include official explanation of loss and a plan to prevent future loss.
05211-05212 W7127-W7128	Partial denture Upgraded partial denture	- X-rays sufficient to show entire arch plus bitewings, if appropriate. - Periodontal charting. - Intraoral charting (PA/DRF Element 17). - If replacing lost/stolen prosthesis, include official explanation of loss and a plan to prevent future loss.
05955	Palatal lift	- If replacing lost/stolen prosthesis, include official explanation of loss and a plan to prevent future loss. - Physician or speech pathologist statement documenting speech impediment.
Fixed Prosthodontic Services		
06545, 06940-06980 W7310-W7320	Fixed prosthodontics	- Periapical x-rays sufficient to show treatment area. - Periodontal charting of abutment teeth.
Oral and Maxillofacial Surgery Services		
07280-07281	Surgical exposure	- One periapical x-ray. - HealthCheck referral.
07530-07540 and equivalent CPT codes	Removal foreign body	- One periapical x-ray. (PA not required for POS 1 or in an emergency.)
07840-07860, 07950, 07991 07992 and equivalent CPT codes	TMJ surgery	- TMJ second surgical opinion. - Document non-surgical treatment. - Operative and post-op plan of care. - X-ray report.
07940, 07960 and equivalent CPT codes	Orthognathic surgery, frenulectomy	- HealthCheck.
Orthodontic Services		
08110-08750 W7910-W7920 00340	Orthodontic service	- HealthCheck referral. - Study models. Pack study models securely in packing material to prevent breakage.

All PA requests require:

- A statement from the dentist regarding the reasons for the requested treatment.
- Answers to all appropriate questions on all PA forms.
- Signatures and dates on each form.

When appropriate, include the following information:

- A description of the recipient's oral health.
- Any physical or mental disability that affects the recipient's dental health and hygiene.
- Any state/federal law that requires the recipient to receive treatment (such as when a child is in foster care).
- Any medical condition that affects the recipient's dental health.
- The relationship between the prior authorized treatment and other dental treatment in progress.
- Trauma situations that have affected the treatment needed.
- Efforts to date to correct the problem.
- Additional X-rays or intraoral pictures if they are needed to better document the situation.